

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/27/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral hearing aids

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Family Practice

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for the requested Bilateral hearing aids.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Case report 07/10/12

Addendum 07/17/12

Utilization review determination 07/13/12

Case report 07/27/12

Utilization review determination 07/30/12

Clinical note Dr. 07/09/12

Letter, AUD 07/09/12

Appeal letter 07/24/12

Audiogram 06/04/90

Audiogram 11/12/07

Audiogram 04/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have a date of injury of xx/xx/xx. Per the submitted clinical note the claimant has reported to have previously had incidents of noise exposure on the job where hearing protection could not be used. He reports a gradual worsening of his hearing all the time. He has previously tried a hearing aid which has helped significantly. He reports that he has severe difficulties communicating particularly on the radio when he does not have his hearing aid. He is noted to have some tinnitus in both ears. Audiogram notes moderate to severe high frequency sensorineural hearing loss above 3000kHz bilaterally.

Physical examination is unremarkable. He was seen by the audiologist who recommended a pair of Phonak Ambra bilateral hearing aids. A letter from the audiologist dated 07/09/12 states that the claimant has findings consistent with normal hearing at all test frequencies from 250 to 3000Hz with a moderately severe to severe sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing high frequency hearing loss in the left ear. Speech recognition thresholds agreed with pure tone findings. Word understanding scores were noted to be 92% bilaterally. A review was performed on 07/10/12. Dr. denied the request noting that there was no evidence presented to establish that the claimant's hearing loss is work related and there is no established need for the requested high end hearing aids. He notes that there is no documentation to support the statement that he was sometimes required to work without the use of hearing protection or if he was, that he was exposed to sufficiently high noise levels to cause occupational hearing loss.

A subsequent appeal request was reviewed on 07/27/12 by Dr.. Dr. also denied the request. He notes he performed a peer to peer with Dr.. He reports that there are no pre and post audiograms to prove occupational hearing loss. He further notes in his rationale that there is no history of serial audiograms to support the etiology as occupational hearing loss and he further notes there is no data to establish that he has occupationally related hearing loss.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The medical records indicate that this claimant has a history of chronic and progressive bilateral high frequency sensorineural hearing loss. He has previously had benefit from the utilization of analog hearing aids. The submitted clinical records indicate that the claimant has recently undergone an audiogram, which again shows severe high frequency sensorineural hearing loss. However, the claimant's speech recognition thresholds were 92% bilaterally. This would suggest that the claimant's lower middle frequency hearing is intact sufficiently that new hearing aids would not be clinically indicated. The reviewer finds medical necessity is not established for the requested Bilateral hearing aids.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)